

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/883549	FILING DATE	
						APPLICANT(S)		
CLAIMS								
AS FILED	AFTER		AFTER		IND.	DEP.	IND.	DEP.
	1st	AMENDMENT	2nd	AMENDMENT				
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1				51				
2				52				
3				53				
4				54				
5				55				
6				56				
7				57				
8				58				
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39				89				
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41				91				
42				92				
43				93				
44				94				
45				95				
46				96				
47				97				
48				98				
49				99				
50				100				
TOTAL IND.	5							
TOTAL DEP.	61							
TOTAL CLAIMS	64							